

TERMS OF REFERENCE -RAPID ASSESSMENT-MEASLES +COVID-19 VACCINATION

SUMMARY

BACKGROUND

Reports of a measles outbreak were first reported in Manicaland province, Mutasa district on the 10th of April. The outbreak has since spread to other districts, and as of 6 September, a cumulative total of 6 551 cases, 4 633 recoveries and 704 deaths have been reported. Cumulatively, 47.1% of the cases were reported from Manicaland Province, while Mashonaland West province has the highest cumulative case fatality rate (16.4%) (*MoHCC SitRep, 6 September 2022*)

The Ministry of Health and Child Care (MoHCC) is in the process of administering Measles vaccine and Vitamin A supplement to children 6 months to 59 months as part of the strategies to contain the measles outbreak. The second phase of the measles vaccination campaign will target children between 5 to 14 years.

The responsibility of vaccinating children lies with their parents and caregivers. Therefore, parents' attitudes, knowledge and perceptions towards vaccination are of great importance as they drive their actions for timely and complete immunisation. A qualitative rapid assessment conducted in 8 districts (Manicaland (6) and Mashonaland East (2)) on childhood immunization perceptions revealed key socio-cultural and religious factors determining vaccination and healthcare seeking behaviors. Religious doctrine, beliefs, practices, and sanctions are some of the reasons for the delayed and non-vaccination of children. Among the Apostolic sects and under-vaccinated communities, modern medicines and vaccines are perceived as dangerous, and cause diseases or deaths. Their use is ascribed to lack of faith. The assessment also revealed limited knowledge of vaccine benefits among caregivers, with a perception that "injections" are for treatment not prevention. In most traditional families, women are entrusted with childcare duties. However, religious practices and cultural values often compel female caregivers to seek permission to vaccinate children or access health services from male partners. This creates barriers when males have limited awareness or knowledge of the benefits of vaccination. Low socio-economic status of caregivers or lack of women's access to household funds also limits means to afford indirect costs of vaccination.

RCCE implementing partners intent to conduct a baseline/formative assessment to inform design of communication and community engagement strategies to support measles and COVID-19 vaccination in 10 districts with low vaccination coverage.

PURPOSE OF THE ASSIGNMENT

Implementing partners for the integrated measles and COVID-19 RCCE response (Apostolic Women Empowerment Trust and Youth Advocates), with technical and financial support from UNICEF, seek the services of a consultant/firm to conduct a baseline to understand the current knowledge, attitudes, practices, social norms of communities in 10 priority districts as well as the key behavioral and social drivers for adoption of recommended prevention behaviours related to measles and COVID-19 prevention and vaccination. The overall objective is to use qualitative and quantitative methods to gather high quality community-sourced data on what people

think, feel about MR and COVID-19 vaccination, perceived barriers, and motivators for vaccination, and plan for potential solutions to increase confidence and uptake.

This study will help identify knowledge gaps, beliefs, attitudes, and behaviours that can help inform MOHCC as well as other stakeholders in their strategies for supporting measles and Covid-19 vaccination in the country. Important gender, inclusion dimensions and social norms will be considered during this study.

The evidence will be used to inform strategic recommendations for improving communication and community engagement strategies aimed at preventive behaviours, which will contribute to stop the transmission of measles and COVID-19 in Zimbabwe. The findings will also be used for advocacy purposes and policy briefs.

Overall objective

Conduct rapid assessment in 10 supported districts to assess the public's knowledge and understanding of measles, including signs and symptoms, recommended prevention practices, and acceptability of measles vaccination among the different population groups.

The specific objectives of the assignment are as follows:

1. To assess caregiver, adolescents, and young adults' (up to 24yrs) understanding of importance of Measles Rubella and COVID-19 vaccination
2. To assess public willingness to vaccinate children aged 6-14years
3. To understand the barriers and motivators to demand and uptake of Measles+COVID-19 prevention and vaccination
4. To develop an understanding of how/where people access information on vaccination and forms of engagement and their main influencers
5. To understand people's preferred channels for reporting child rights, gender-based violations and sexual exploitation during emergency situations

Study questions

- What are the current community knowledge levels and practices on measles and COVID-19 vaccination?
- To what extent do the communities accept the vaccinations? Which sub-groups are more willing/unwilling to accept vaccinations?
- What factors limit the vaccination of these communities? Which ones are the biggest barriers?
- What factors enable them to seek vaccination? Who are the main influencers?
- Is there a difference in knowledge, attitudes, and practices across the different demographics? (age, sex, religion etc)
- What are the preferred and trusted sources of information on measles and COVID-19 vaccination and how credible are these sources?

- What are the preferred channels to report child rights and gender violations during the emergencies?

DESCRIPTION OF THE ASSIGNMENT (SCOPE OF WORK) / SPECIFIC TASKS

To meet the above stated objectives, the consultant will undertake the following tasks:

1. Review of the secondary data, from the desk review of studies undertaken for measles and COVID-19 vaccination in Zimbabwe to both inform the study design and provide additional contextual analysis
2. Based on the desk review, propose methodology and sample frame, lead participatory process to get inputs from key stakeholders (caregivers and key influencers), including children and youth on key problems, desired behaviours, barriers, facilitators, key audience segmentation, and strategic approaches among other issues
3. Develop survey tools (qualitative and quantitative) and conduct training for data collectors
4. Coordinate data collection in 10 districts
5. Analyse data and draft segmented summary results for each district
6. Present consolidated final report.

METHODOLOGY

Apply the Behaviour and Social Drivers Model, and other related frameworks to understand the knowledge, attitudes, behaviours, practices, social processes, barriers and motivators related to measles and Covid-19 prevention and vaccination.

Geographical locations: Sample respondents from all the 10 project sites: Chipinge, Chiredzi, Gutu, Mwenezi, Bikita, Goromonzi, Mazowe, Chikomba, Harare and Bulawayo.

Consultant expected to define methodology and approach to data collection and analysis plan based on understanding of the assignment.

EXPECTED DELIVERABLES

The consultancy will have report presenting results with key findings from each of the 10 districts and 1 consolidated report.

Tasks	Deliverables
1. Draft an inception report that will reflect the methodology, conceptual framework, available data sources, schedule and timelines	Inception report, with desk review findings and recommendations, survey design, methodology, sampling frame and data analysis plan
2. Produce complete draft and summarized report with district level findings and RCCE recommendations	Powerpoint presentation/Draft Report
3. Produce final report incorporating comments	Final report

PROJECT MANAGEMENT

This assignment will be conducted under the overall supervision of the 2 implementing partners Youth Advocates, AWET, with technical support from UNICEF. Technical oversight of the assignment will be under the responsibility of UNICEF SBC team who will be responsible for managing the assignment's planning, deliverables, peer review, dissemination and any other tasks required for the successful completion of the assignment.

LOCATION AND DURATION

The consultancy shall be for a period of 15 days over a period of 1 month. The consultancy will be conducted in 10 supported districts.

PAYMENT SCHEDULE

Payment	Conditions
Inception report (20%)	Upon receipt of a satisfactory inception report with desk review findings and recommendations, survey methodology, sampling plan and data collection tools
Draft report (30%)	Upon receipt of a satisfactory draft report
Final report and two pager summary infographic (50%)	Upon receipt of a satisfactory final report

QUALIFICATION/SPECIALIZED KNOWLEDGE AND EXPERIENCE

The consultant will lead the overall collection and analysis of data from individuals and households through an agreed methodology. The firm will ensure timely collection, review and analysis of the data collected as per the agreed timelines.

The required background and experience for the consultant is as follows:

- I. Experience in KAP, social, economic and market research, including perception surveys at national and multi-country level.
- II. Firm/Individual consultant with strong appreciation of the Behaviour and Social Drivers Model (BeSD)
- III. Firm/Individual has teams with research leads with at least a master's degree in Sociology, Public Health, Social Science Research, Development Communication, or any other related technical field with special expertise in qualitative and quantitative data collection, management, processing and analysis.
- IV. Experience in conducting rapid assessments or similar assignments such as Knowledge, Attitudes and Practices surveys in-country or internationally.
- V. Prior experience with the UN/UNICEF in a similar capacity will be an asset.

How to Apply

Submit technical and financial proposal and 3 references on similar assignment carried out in the past 3years. Send your application to the Research team on the 2 email addresses: youthadvocateshq@gmail.com; info@awet.org.zw

Deadline for applications: Thursday 15 December 2022